

Foster Family Home - Corrective Action Report

Provider ID: 1-170014

Home Name: Jaimie Cabo, RN

Review ID: 1-170014-3

114 Kaniahe Place

Reviewer: Angelica Galindo

Wahiawa HI 96786

Begin Date: 6/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/12/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#1, CG#3, & CG#4: CG#1 due on/before 5/05/2019, done on 5/30/2019. CG#3 due on/before 4/07/2019, done on 5/10/2019. CG#4 due on/before 10/24/2018, done on 1/23/2019.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood borne pathogen training for CG#1 lapsed: due on/before 1/05/2019, done on 6/02/2019.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - CCFFH has not been using any 3 person home sign out sheets to track the hours the PCG is out of the home.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire


(3P)(b)(6) Fire shall include all SCGs at least once per year

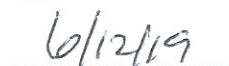
Comment:

(3P)(b)(6) Fire - No fire drill conducted by CG#3 and CG#4 for 2018.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454 CCFFH

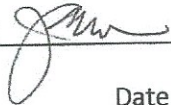
Name: Jaimie Cabo, RN

CCFFH Address: 114 Kaniahe Place Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG #1: Lapse cannot be corrected.	CG#1: 5/30/2019	CG #1: This home understands the APS/CAN requirement. Reminders will be set on iPhone 30 days prior to expiration date to prevent future lapse of APS/CAN requirement.
	CG #3: Lapse cannot be corrected.	CG #3: 5/10/2019	CG #1: This home understands the APS/CAN requirement. Reminders will be set on iPhone 30 days prior to expiration date to prevent future lapse of APS/CAN requirement.
	CG #4: Lapse cannot be corrected.	CG #4: 1/23/2019	CG #1: This home understands the APS/CAN requirement. Reminders will be set on iPhone 30 days prior to expiration date to prevent future lapse of APS/CAN.
41.(b)(8)	Lapse cannot be corrected	6/2/2019	CG #1: This home understands the Blood Borne Pathogen (BBP) requirement. Reminders will be set on iPhone 30 days prior to expiration date to prevent future lapse of BBP training requirement.
(3P)(b)(2)	On 6/12/2019, printed 3 bed certified sign in sheets from CTA website and put in a home separate binder.	6/12/2019	This home understands the 3 Bed certified sign in sheet. PCG will sign in and out accordingly and indicate credentials of SSG (NA/CNA) on the sign in. PCG will not be go absence will not exceed five hours per day.
3P(b)(6)	CG#3 performed fire drill on 6/13/2019, filed form in the home binder.	6/13/2019	This home understands that at least once a year, each substitute caregiver will conduct a fire drill.

	CG #4: scheduled on July 9, 2019 to conduct July fire drill.		
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Primary Caregiver's Signature: _____



Print Name: Jaimie Cabo

Date of Signature: 6/14/2019